



Defense Courier Service Suggestion Form

SUGGESTION SUBJECT:

SUGGESTION NUMBER *(Assigned by
Suggestion Program POC)*

DATE RECEIVED(YYYYMMDD):

1A. SUBMITTER PERSONAL INFORMATION *(Primary Contact)*

NAME OF SUBMITTER *(Enter Last, First, MI):*

Grade/Rank:

DCS Station:

Duty Title:

Office Phone:

1B. CO-SUBMITTER(S) PERSONAL INFORMATION *_(Alternate Contact)*

NAME OF SUBMITTER *(Enter Last, First, MI):*

Grade/Rank:

DCS Station:

Duty Title:

Office Phone:

NAME OF SUBMITTER *(Enter Last, First, MI):*

Grade/Rank:

DCS Station:

Duty Title:

Office Phone:

2. SUGGESTION

A. PRESENT METHOD/PROCEDURE *(Describe completely. Use continuation sheet if needed.
Identify block(s) being continued.)*

B. PROPOSED METHOD/PROCEDURE *(Describe completely. Use continuation sheet if needed. Identify block(s) being continued.)*

C. DESCRIBE EXPECTED BENEFITS *(Describe completely. Use continuation sheet, if needed. Identify block(s) being continued.)*

CONTINUATION SHEET

DEFINITIONS

SUGGESTION SUBJECT – Identifies the subject of the suggestion. (i.e. Operations-Delivery Process)

SUGGESTION NUMBER – Tracking number assigned by Suggestion Program POC.

DATE SUBMITTED – Date suggestion is submitted to HQ DCS/IG

DATE RECEIVED – Date HQ DCS/IG receives the suggestion

SUBMITTER PERSONAL INFORMATION – Identifying information of individual submitting suggestion

CO-SUBMITTER PERSONAL INFORMATION – Same as above

PRESENT METHOD/PROCEDURE – Detailed description of current method/procedure

PROPOSED METHOD/PROCEDURE – Detailed description of proposed change

DESCRIBE EXPECTED BENEFITS – Identifies/justifies specific benefits associated with the suggestion (i.e.; reduces man-hours, decreases supply costs, eliminates duplication of effort, etc.)